

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146

4 20216
STATE FILE NUMBER2390
LOCAL FILE NUMBER

1. NAME	First CLARA	Middle MYRTLE	Last YOCKEY	2. SEX (M / F) Female	3. DEATH DATE (Mo, Day, Yr) July 4, 1994	
4. AGE LAST BIRTHDAY (Yrs) 90	5. UNDER 1 YEAR MOS DAYS 90	6. UNDER 1 DAY HOURS MINS 90	7. BIRTHDATE (Mo, Day, Yr) June 7, 1903	8. BIRTHPLACE (City, State or Foreign Country) Gold, IA.	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) no	10. COUNTY OF DEATH Pierce
11. CITY, TOWN OR LOCATION OF DEATH Tacoma	12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Orchard Park Health Care Center				13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed	15. SURVIVING SPOUSE (if wife, give maiden name)		16. SOCIAL SECURITY NO. 541-38-2103		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) -	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Writer	19. KIND OF BUSINESS OR INDUSTRY Newspaper		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 4755 South 48th St	23. CITY/TOWN, OR LOCATION Tacoma	24. INSIDE CITY LIMITS? (Yes / No) yes	25A. COUNTY Pierce	25B. LENGTH OF RES. IN CO. 10 yrs	26. STATE WA.	27. ZIP CODE 98409
28. FATHER'S NAME—FIRST, MIDDLE, LAST James L. Pierson			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Lucinda Belle York			
30. INFORMANT—NAME Kenton Yockey		31. MAILING ADDRESS STREET OR RFD NO. 8712 - 114 St. Ct. S.W. CITY OR TOWN Tacoma, Washington STATE 98498				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo, Day, Yr) July 8, 1994	34. CEMETERY/CREMATORY—NAME Mountain View Crematory		35. LOCATION—CITY/TOWN, STATE Tacoma, Washington 98499		
36. FUNERAL DIRECTOR SIGNATURE X Dan Farham		37. NAME OF FACILITY Mountain View Funeral Home		38. ADDRESS OF FACILITY 4000 Steilacoom Blvd S.W. Tacoma, Washington 98499		
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Matthew White M.D.			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr) 7/5/94		41. HOUR OF DEATH (24 Hrs.) 1035		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Matthew White, M.D. 11311 Bridgeport Wy S.W. #304 Tacoma, Washington 98499					49. ME/CORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death). CVA		INTERVAL BETWEEN ONSET AND DEATH 20 yrs				
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs				
A. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH				
B. ASUD / AGE		INTERVAL BETWEEN ONSET AND DEATH				
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH				
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH				
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: HBP COPD D.M. Recurrent UTI's					52. AUTOPSY? (Yes / No) No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE X Federico Cruz Velez MD		63. DATE RECEIVED (Mo., Day, Yr.) JUL - 7 1994		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

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